



## Over the Rainbow



As we grow older we might all rely on some form of care, but many LGBTQ people worry about what it will be like to receive care. At this discussion we came together as a community to explore what good care looks like for LGBTQ people and what support LGBTQ carers need when providing care. This was an opportunity to shape a care system that takes into account the needs of our LGBTQ communities.

## Background

With funding from the Life Changes Trust we hosted this community discussion to build on the work of LGBT Health and Wellbeing focussed on improving the experiences of older LGBTQ people in Scotland accessing care services.

In 2019, in partnership with Luminate, the Glasgow Age Reference Group made and launched a film focussed on the fears and some older LGBTQ people may have about receiving care. You can watch [‘Return to The Closet’ on our website](#).

We ensured our event was dementia friendly by consulting guidance from Outside the Box which can be found here: [Making your Group Dementia Friendly Handy Tips for Staff](#)

Partners from Care Inspectorate and MECOPP provided short informal inputs on their experience working in care services and supporting LGBTQ people. They then participated in our question and answer panel and open discussion.

## Contributions from the Panel

**Faye Smart** (Project Coordinator for LGBT Dementia Project, Seconded from Alzheimer Scotland Dementia Advisor Role)

### Key Points

- Remarkd that in a ten-year career working with people living with dementia she had only worked with a handful of LGBTQ people who had come out to her in her role.
- We can't expect LGBTQ people to be 100% open straight away. We need to give space for people to decide for themselves what they want to tell you but also make an open atmosphere.
- It's good to let people decide for themselves what language they want to use- ensure people are not under pressure to provide a label that suits other people.
- Gave an overview of the Pilot project LGBT Health and Wellbeing are carrying out with Hillcrest Care in Dundee- where we will be piloting our self-audit tool for assessing how a service meets the needs of LGBTQ people affected by dementia.

## Allan Barker and Heather Edward (Care Inspectorate)

### Key Points

- Highlighted their commitment in this area both in regulating services but in supporting their own staff- for example regularly attending Pride events to gather feedback and also establishing an internal LGBT Charter Group.
- They highlighted that they had not received many complaints concerning the treatment of LGBTQ people however, they understood that many minorities may feel concerned about how these may be dealt with especially if they had previous experience of care that was not inclusive.
- Work was still to be done to ensure that people know their rights and how to make a complaint.

## Suzanne (MECOPP)

### Key Points

- Scottish law- via the Carers Act- talks more about the needs of some carers than others.
- Local authorities play a key role in how the legislation is implemented. 27 out of 32 Local Authority carer strategies have no mention of LGBTQ people in them.
- Pointed out the lack of specialist services in supporting carers and people with dementia.
- We need to challenge the stereotypes that result in services thinking they shouldn't be worried if they aren't supporting certain minorities. For example, the notion that BME people look after their own family and won't accept external or formal support.
- There is often failure to consult with minority groups at the point of designing services, strategies and budgets.

## Question and answer

After the panellists provided their inputs members of the group were invited to ask questions and make comments on what they had heard.

### How do we create safe communities in care homes?

**Suzanne** gave an example of how she had worked with a care home to integrate a group of south Asian woman into their care community. Working first to bring people together at a weekly meet up and establishing things that people had in common to reduce barriers.

**Faye** added that LGBTQ people might be worried about how peers will respond to them as they may have had negative experiences with their straight/cis peers in the past.

#### Audience comment



I was a young carer and there was no support in the past for me as a carer. It is good to hear that there is more support now but I didn't know about it.



Most complaints are only recorded if people use the official complaints process. Lots of people might not feel confident enough to use these processes. Complaints should be considered anytime someone says 'I am not happy about this' or 'this doesn't work for me.'



### How do we signal to people using our services what our values are?

**Faye** highlighted that it isn't enough to put signalling measures in place (such as rainbow lanyards or rainbow flags) without ensuring you have policies and procedures to back this up. Staff need to know how to respond to any incidents that arise between people you are supporting if you are making diversity a talking point.

Attendees then took part in small group discussions. The discussions were focused on the question: what does good care look like for older LGBTQ older people.

## Some key points recorded from table top discussions were:


### What does good care look like for older LGBTQ people?

- Social prescribing – Link workers for the LGBTQ community
- Training that is embedded throughout the organisation
- Taking a whole organisation approach to ensuring values and knowledge are imbedded.
- Supporting LGBTQ to access and use complaints and feedback processes already in place within the care sector.

## How to get in touch?

Though the National LGBT Dementia Project is no longer running, we are still keen to hear from you if you have an example to share of good practice in supporting LGBTQ people affected by dementia, you can contact Stacey Webster at:

 [stacey@lgbthealth.org.uk](mailto:stacey@lgbthealth.org.uk)

 0131 564 3970

